MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Md)

CERTIFICATE OF DEATH

1081

Reg. Dist. No. 333

1. PLACE OF DEATH: Salisbury md
County Wicomico
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Trritt St
Stay in hospital or inst. (yrs., or mos., or days) 24 hours
Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Willards Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marion E Adkins

3. (b) Social Security Number 217-09-4012

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	married

8 (b) Name of husband or wife Rose Adkins
6(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) July 3 - 1897

8. AGE: Years 42 | Months 6 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Willards Md.
(Town, county, and state)
10. Usual occupation Painter
11. Industry or business Painting

FATHER
12. Name Handy A. Adkins
13. Birthplace Willards Md.

MOTHER
14. Maiden name Minnie L. Wilkins
15. Birthplace Willards Md.

16. Informant Carlton Adkins
Address Willards Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 2-1940 (month) (day) (year)
Cemetery or crematory New Hope
Location

18. Funeral director M. Parks Watson & Co
Address Selbyville Del.

19. 1/30/1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1940, at unknown M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ____ 19__ to ____ 19__, and that I last saw him alive on ____ 19__

Immediate cause of death	DURATION
Exposure & cold - frozen	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. O. Rademacher M. D.
Deputy Medical Examiner
M. D. or other
Address Salisbury, Md Date signed Jan 30 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151-3)

CERTIFICATE OF DEATH

1082

Reg. Dist. No. 331

1. PLACE OF DEATH:
County: Wicomico
City or town: near Helen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Laurence Edward Baker

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 10, 1940

8. AGE: Years | Months | Days: 3 | If less than one day: hrs. min.

9. Birthplace: Near Helen - Wicomico county
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Laurence Edward Baker
13. Birthplace: Baltimore - Md

MOTHER
14. Maiden name: Ethel Marie Guenther
15. Birthplace: Akron - Ohio

16. Informant: Laurence Edward Baker
Address: Helen - Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Jan 14th 1940 (month) (day) (year)
Cemetery or crematory: Home Cemetery
Location: Near Helen - Md

18. Funeral director: Fletcher Edward Baker
Address: Helen - Md

19. Jan 14 1940 (Date rec'd by registrar) Mrs J. N. Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 13th 1940, at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 12th 1940, to Jan 13th 1940, and that I last saw h[illegible] alive on Jan 13th 1940.

Immediate cause of death	DURATION
Intestinal Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: William Emrich
M. D. or other
Address: Helen - Md Date signed: Jan 14th

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1940
BUREAU V. S.

Dr. Hitts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-a

CERTIFICATE OF DEATH

1083

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Wicomico Co.

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address (Hospital, or Institution): P.B. Hospt.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 105 Brooklyn ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ronald Edward Bounds

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Baby.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24. 1939

8. AGE: Years | Months 6 | Days 8 | If less than one day hrs. min.

9. Birthplace P.B. Hospt. Salisbury Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name E. Clark Bounds

13. Birthplace Silvam Md.

MOTHER 14. Maiden name Louise Twilley

15. Birthplace Mardela Md.

16. Informant E. Clark Bounds

Address 105 Brooklyn ave. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 3-40 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 1/3 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2nd 1940, at 1245 a M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 26 1939 to 2 January 1940, and that I last saw h alive on 2 January 1940.

Immediate cause of death Bronchopneumonia, influenzal O.K.

DURATION 24 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Md not made

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If Death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. W. Kitts M.D.

M. D. or other

Address Salisbury, Md Date signed 1-3-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

1084

CERTIFICATE OF DEATH

Reg. Dist. No. 323

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 306 Delaware Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 306 Delaware Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Premature son of James Edward Brown

3. (b) Social Security Number

4. Sex Male

5. Color or race C

6. (a) Single, married, widowed, or divorced Premature

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days Stillborn If less than one day hrs. min.

9. Birthplace Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Jas. E. Brown
13. Birthplace Delaware

MOTHER
14. Maiden name Mary Lee Whaley
15. Birthplace Maryland

16. Informant Jas. E. Brown
Address Salisbury, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Jan 3 1940 (month) (day) (year)

Cemetery or crematory

Location Salisbury, Md.

18. Funeral director Father, Jas. E. Brown
(acting)
Address Salisbury Md

19. 1/17, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1940, at 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death

Due to

Due to

Premature 6 Mos

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A D Browne M.D.
M. D. or other

Address Salisbury Md Date signed 1/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

WITHIN CORPORATE LIMITS OF

(S)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(87-2)

1085

Reg. Dist. No. 331

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Wicomico

City or town Hebron

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Hebron Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Delenus R. Brown

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21 1923

8. AGE:

Years	Months	Days	If less than one day
16	3	29	hrs. min.

9. Birthplace Hebron, Wicomico Co., Md.

(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name John W. Brown

FATHER 13. Birthplace pittsville Md.

MOTHER 14. Maiden name Bertie E. Phippin

MOTHER 15. Birthplace Hebron Md.

18. Informant John W. Brown

Address Hebron Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/22/40 (month) (day) (year)

Cemetery or crematory Hebron Cem.

Location Hebron, Md.

16. Funeral director Mrs. D. E. Messick & Sons

Address Hebron, Md.

19. Jan 21 1940 (Date rec'd by registrar) Mrs J. M. Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1940, at 4 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19

Immediate cause of death	DURATION
Progressive malnutrition	
Due to Infantile paralysis	
Not infantile paralysis; but spastic	
Due to diaplegia of athetoid type U.S.A.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. A. Tuckerman M. D. Deputy Medical Examiner

M. D. or other

Address Salisbury, Md. Date signed 1-20-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33a)

CERTIFICATE OF DEATH

1086

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 hrs - 45 mins.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Somerset

City or town Eden R.F.D #1 Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Lillian Katherine Christopher

3. (b) Social Security Number no

4. Sex female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife no

6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) August 29, 1925

8. AGE: Years 14 Months 5 Days 28 If less than one day ___ hrs. ___ min.

9. Birthplace Eden, Md. (Town, county, and state)

10. Usual occupation no

11. Industry or business no

FATHER 12. Name Ulysess Christopher

13. Birthplace Eden, Md.

MOTHER 14. Maiden name Susie Waters

15. Birthplace Eden, Md

16. Informant Susan L. Christopher

Address Eden md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan 30 - 1940 (month) (day) (year)

Cemetery or crematory Flower Hill

Location Eden md

18. Funeral director James H. Stewart

Address Salisbury md

19. 1/30, 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1940, at 4 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-26 1940, to 1-26 1940, and that I last saw her alive on 1-26 1940.

Immediate cause of death Bronchial Pneumonia — DURATION 1 wk

Due to

Due to

Other conditions Influenza — 2 wks

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Wimmer M.D. M. D. or other

Address Salisbury Md Date signed June 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (T) (M)

RECEIVED
FEB 5 1940
BUREAU V. S.

1087

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 11 336

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 106 W. State St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Delmar, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 106 W. State St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Levin Anthony Collins

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Amanda C. Collins

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Feb 18, 1864

8. AGE: Years 75 Months 10 Days 14 If less than one day ____ hrs. ____ min.

9. Birthplace Sussex County, Del.

(Town, county, and state)

10. Usual occupation Retired Merchant

11. Industry or business Grocery

FATHER

12. Name Levin A. Collins

13. Birthplace Delaware

MOTHER

14. Maiden name Catherine Ellis

15. Birthplace Delaware

16. Informant Mrs Levin A. Collins

Address Delmar, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 4 40 (month) (day) (year)

Cemetery or ~~crematory~~ Laurel Hill Cemetery

Location Laurel, Del

18. Funeral director Will S. Marvel

Address Delmar, Del.

19. Jan 4, 1940. Harry E. Hudson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1940, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1939, to Jan 2 1940 and that I last saw him alive on Jan 2 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 4 days

Due to Arteriosclerosis & Hypertension — 4 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. H. Lynch M. D. or other

Address Delmar Md Date signed Jan 3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

STATE OF MARYLAND—CERTIFICATE OF DEATH

1088

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury Md No. A S Hospital Salisbury Md Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 7 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Robert L. Dashield If U. S. Veteran, specify WAR ____

(a) Residence: No. Tyaskin St., Ward Social Security number 216-16-2652

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Victoria Dashield

6. DATE OF BIRTH (month, day, and year): Oct 8th 1906

7. AGE: Years 33 | Months 3 | Days 5 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: General Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Canning factory

10. Date deceased last worked at this occupation (month and year): Oct 1939

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Tyaskin Md

FATHER

13. NAME: George W. W. Dashield

14. BIRTHPLACE (city or town) (State or country): Tyaskin Md

MOTHER

15. MAIDEN NAME: Mary Hull

16. BIRTHPLACE (city or town) (State or country): Wetipquin, Md

17. INFORMANT (Address): Charlottie Peters Tyaskin, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Tyaskin Md Date: 1/18, 1940

19. UNDERTAKER (Address): Mrs. G. E. Messick & Sons Bivalve Md

20. FILED: 1/18, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1940, to Jan 14, 1940

I last saw him alive on Jan 14, 1940 death is said to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Central Nervous System Syphilis.

Date of onset

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) S. Allen Field M. D.

(Address) Nanticoke Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 331

1089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Quantico
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 88 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Quantico Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Sallie E. Davis

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

B (b) Name of husband or wife: George E. Davis

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Feb. 7, 1851

8. AGE: Years: 88 | Months: 11 | Days: 14 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Quantico, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: None ✓

11. Industry or business: ✓

FATHER
12. Name: Ballard Venables
13. Birthplace: Wicomico Co. Md.

MOTHER
14. Maiden name: Sarah Cheezum
15. Birthplace: Wicomico, Co., Md.

16. Informant: George Edgar Davis,
Address: Hebron, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/18/40 (month) (day) (year)

Cemetery or crematory: Quantico

Location: Quantico, Md.

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Md.

19. Jan 18 1940 (Date rec'd by registrar) Mrs J. M. Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 16, 1940, at 10.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 13th 1940, to Jan 16th 1940, and that I last saw h[illegible] alive on Jan. 16 1940.

	DURATION
Immediate cause of death: Arteriosclerosis	
Influenza	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: William Emrich
M. D. or other

Address: Hebron - Md. Date signed: Jan. 17th

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 332

CERTIFICATE OF DEATH

1090

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Near Willards (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 53 7

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Willards (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** B. Goldsborough Dennis

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	M

6 (b) Name of husband or wife Elizabeth Dennis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1886

8. AGE: Years	Months	Days	If less than one day
53	4	6	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Jenkins Dennis

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Ellen Cooper

MOTHER 15. Birthplace Md.

16 (a) Informant Mrs. B. Goldsborough Dennis

(b) Address Willards Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21, 1940 (month) (day) (year)

(c) Cemetery or crematory Fleming

Location Near Willards

18 (a) Funeral director J. W. Burbage

(b) Address Pittsville Md.

19 (a) Jan. 20, 1940 (Date rec'd by registrar) (b) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. Date of death January 19 1940 at 4a M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1939, to date of death and that I last saw him alive on Jan 19 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Grant K. Lewis M.D. M. D. or other

Address Willards Date signed 1-19-40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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REAU V. 8.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-E)

1091

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Parsonsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 15 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Parsonsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Naomi Annie Dryden

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Peter J. Dryden

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): July 3, 1860.

8. AGE: Years: 79 Months: 6 Days: 20 If less than one day: hrs. min.

9. Birthplace: Wicomico Co., Md.
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business ✓

FATHER
12. Name: John L. Morris
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Hannah Shockley
15. Birthplace: Wicomico Co., Md.

16. Informant: Miss May Morris.
Address: Salisbury, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan. 26, 1940.
(month) (day) (year)

Cemetery or crematory: Forrest Grove

Location: 1½ miles East of Parsonsburg

16. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.

19. Jan. 26 1940 William R. Davis
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 23, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939, to Jan 23 1940, and that I last saw h alive on 19

Immediate cause of death: Found lying on floor dead.

Due to: Acute Dilatation of Heart

Due to: Chronic Interstitial Nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2 yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles F. Brown M.D.
M. D. or other

Address: Salisbury Md Date signed: 1/25/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

Daisey 1092

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 122 Lincoln Ave.

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 122 Lincoln Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Annie Belle Reddish Dykes

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alonzo Dykes

6(c) If alive, give age: 86 years

7. Birth date of deceased (mo., day, yr.): April 17, 1868.

8. AGE: Years: 71 Months: 8 Days: 25 If less than one day: ___ hrs. ___ min.

9. Birthplace: Wicomico Co., Md. (Town, county, and state)

10. Usual occupation: at home

11. Industry or business: ✓

FATHER

12. Name: John Reddish

13. Birthplace: Wicomico Co., Md.

MOTHER

14. Maiden name: Sallie Anne Staton

15. Birthplace: Wicomico Co., Md.

16. Informant: Miss Mildred Dykes,

Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 14, 1940. (month) (day) (year)

Cemetery or crematory: Dykes Family Cemetery

Location: Near Salisbury, R.D. 1

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Md.

19. 1/14, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 12, 1940, at 2:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 28 1939, to Jan 12 1940, and that I last saw her alive on Jan 12 1940.

Immediate cause of death: Coronary Occlusion — DURATION: 3 hrs

Due to:

Due to: Arteriosclerosis — 2 yrs

Other conditions: Chr. Int. Nephritis — 6 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. O. Daisey M. D. or other

Address: Salisbury Md. Date signed: 1/13/40

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FEB 5 1940
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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (186-a)

1093

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Delmar, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. W. Elizabeth
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William John Elliott

3. (b) Social Security Number 222-05-9239

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Catherine Elliott
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 5, 1904

8. AGE: Years 35 Months 11 Days 6 If less than one day hrs. min.

9. Birthplace Delmar, Del R F D
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm & Railroad
FATHER
12. Name Clarence Elliott
13. Birthplace Delaware
MOTHER
14. Maiden name Laura Parsons
15. Birthplace Maryland
16. Informant Catherine Elliott
Address Delmar, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-15-40 (month) (day) (year)
Cemetery or crematory M. P. Cemetery
Location Delmar, Delaware
18. Funeral director Will E. Marvel
Address Delmar, Delaware
19. 1/15 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12- 1940, at 9:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-5-39 19 , to 1-12 1940, and that I last saw him alive on 1-12 1940.

Immediate cause of death Lobar pneumonia Fracture 12th Dorsal vertebra

DURATION

Due to Accidental fall, from a tree; Cwlg. R. December 5th, 1939; in Delaware.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 12-5-39
Where did injury occur? In Delaware. (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury fell from tree. Injured at work? yes

23. SIGNATURE Philip A. Tuesley M. D. or other
Address Salisbury Md Date signed 1-14-40

MARGIN RESERVED FOR BINDING

VS A15

(I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 5 1940
BUREAU V. S.

1094

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-a

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: F. Jacobson & Sons East Vine St.

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 1 yr. - 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 551 E. 38th. St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Fred F. Farwood

3. (b) Social Security Number 213-12-2565

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie Farwood

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1871.

8. AGE: Years 68 | Months 4 | Days 14 | If less than one day ___ hrs. ___ min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual occupation Cutting Dept., Foreman

11. Industry or business Shirt Factory

FATHER
12. Name James O. Farwood
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden name Rebecca Hannah
15. Birthplace Harford Co. Md.

16. Informant Cora Farwood

Address 315 Suraine Ave., Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/9/40 (month) (day) (year)

Cemetery or crematory Centre M.E. Church

Location Forest Hill, Harford Co. Md.

16. Funeral director The Hill & Johnson Co.

Address Salisbury, Md.

19. 1/6, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6, 1940, at 8:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__, to ___ 19__, and that I last saw medical examiner alive on ___ 19__.

Immediate cause of death: Coronary Thrombosis

DURATION: sudden death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. A. Rademaker MD Deputy Medical Examiner Wicomico County M. D. or other

Address Salisbury, Md. Date signed 4-6-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I) (M)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

1095

Reg. Dist. No. 333

1. PLACE OF DEATH:

Wicomico

City or town: Salisbury, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: 1197 E. Church St. Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: E. Church St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: John Andrew Gibson

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lillian Gibson

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Aug 17, 1874

8. AGE:

Years	Months	Days	If less than one day
65	4	27	____ hrs. ____ min.

9. Birthplace: New York (Town, county, and state)

10. Usual occupation: Shipfitter

11. Industry or business: Grocery Store

FATHER — 12. Name: Peter Gibson

FATHER — 13. Birthplace: Ireland

MOTHER — 14. Maiden name: Elizabeth Grayson

MOTHER — 15. Birthplace: Ireland

16. Informant: Mrs. J. A. Gibson

Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-17-40 (month) (day) (year)

Cemetery or crematory: Rural Cemetery

Location: Fourth Fork Nr. Salisbury

18. Funeral director: Arthur W. Mardel

Address: Salisbury, Md.

19. 1/15/40 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 14 1940, at 12:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 11 1940 to Jan 14 1940, and that I last saw h~~e~~ alive on Jan. 14 1940.

Immediate cause of death	DURATION
Acute myocarditis	30 hours
Due to Influenza, acute	3½ days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ____ Injured at work?

23. SIGNATURE: Arthur W. Mardel, M. D. (M. D. or other)

Address: Salisbury, Md. Date signed 1-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1096

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: RD. #4
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 78 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: RD #4.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Maggie E. Hammond

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: J. Asbury Hammond
6(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): Nov. 5 1861
8. AGE: Years: 78 Months: 2 Days: 1 If less than one day: hrs. min.
9. Birthplace: Wic. Co. near Salisbury Md. (Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business: at Home
FATHER
12. Name: William H. Jones
13. Birthplace: Wic. Co. Salisbury Md.
MOTHER
14. Maiden name: Elizabeth Parsons
15. Birthplace: Wic. Co. Salisbury Md.
16. Informant: Mrs. James W. Brown
Address: RD. #4 Salisbury Md.
17. Burial (Burial, cremation, or removal? Which?) Date thereof Jan 8-40 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Md.
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.
19. 1/8 1940 (Date rec'd by registrar) Harriet E. Johnson (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 6 1940 (5:45 P.M.)
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Nov 5 1939, to Jan 6th 1940, and that I last saw he alive on January 6th 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	Two days
Due to: Mitral Stenosis	31 years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles B. Brown M.D.
M. D. or other
Address: Salisbury Md. Date signed 1/8/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

1097

STATE OF MARYLAND—CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Tyaskin No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Clara A. Hearn If U. S. Veteran, specify WAR

(a) Residence: No. Tyaskin Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Hearn

6. DATE OF BIRTH (month, day, and year): Jan 22 1867

7. AGE: Years 72, Months 11, Days 21, If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town) (State or country): St. Marys County Md

FATHER

13. NAME: Wm. C. W. Thomas

14. BIRTHPLACE (city or town) (State or country): St. Marys County Md

MOTHER

15. MAIDEN NAME: Alice Harris

16. BIRTHPLACE (city or town) (State or country): Wicomico County Md

17. INFORMANT (Address): Edward Hearn Tyaskin, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: private Cem. Tyaskin Date: Jan 15, 1940

19. UNDERTAKER (Address): Mrs. C. E. Messick & Sons Bivalve, Md

20. FILED: Jan. 13, 1940 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan (Month) 12 (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 9, 1939, to Jan 12, 1934

I last saw her alive on Jan 9, 1934, death is said to have occurred on the date stated above, at 9-a-m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Apoplexy — Date of onset: Jan 9

Other Contributory Causes of Importance: Sen'l Arteriosclerosis

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) D. Allen Field M. D.

(Address) Nuntsake Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

M

T

I

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 6 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (64C)

CERTIFICATE OF DEATH

1098

Reg. Dist. No. 337

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Wicomico

City or town Tyaskin
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Tyaskin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dashiell W. Hopkins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Minnie L. Hopkins

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) aug 3 1874

8. AGE: Years 65 | Months 6 | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Tyaskin, Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name George A. J. Hopkins

13. Birthplace Tyaskin

MOTHER 14. Maiden name Esther Lamore

15. Birthplace Tyaskin

16. Informant Rial Hopkins

Address Tyaskin

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 5 1940 (month) (day) (year)

Cemetery or crematory St. Marys Epis. Ch. Tyaskin Md

Location St. Marys Church

19. Funeral director Mrs. W. Messick & Sons

Address Pittsville, Md

19. Jan. 4 1940 R. Woolford Watts
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1940, at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death Hemorrhage

Due to Gunshot wound of chest

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy No

DURATION

Instantaneous death

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of Jan 3, 1940

Where did injury occur? Tyaskin (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Gunshot wound Injured at work? No

23. SIGNATURE J. A. Rademacher M.D.
Deputy Med Examiner Wic. County
M. D. or other

Address Salisbury, Md Date signed 1-4-40

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FEB 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

1099

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico Co

(b) City or town Salisbury Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Eastern Shore Tb Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19

(e) Length of stay in this community (yrs., mos., or days) 19

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico

(c) City or town Waterview (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Horner, George H.

3 (b) If veteran, name war —

3 (c) Social Security No. none

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of husband or wife Ida Horner

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1871

8. AGE: Years 68 Months 10 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace mt Vernon Somerset Co. Md. (Town, county, and state)

10. Usual occupation waterman

11. Industry or business —

FATHER 12. Name George Horner

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Richards

15. Birthplace Maryland

16 (a) Informant deceased on admission

(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 1940 (month) (day) (year)

(c) Cemetery or crematory Bivalve Cem

Location Bivalve M P Church

18 (a) Funeral director Mrs [illegible] & Sons

(b) Address Bivalve Md

19 (a) 1/2/40 (Date rec'd by registrar) (b) Harriet E. Johnson Sec'd Registrar

MEDICAL CERTIFICATION

20. Date of death January 1 1940, at 6-20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/12/39 19____, to 1/1/40 19____, and that I last saw him alive on 1/1/40 19____.

Immediate cause of death Pulmonary Tuberculosis — Duration 6 mo

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Paul Chen M.D. M. D. or other

Address Salisbury Date signed 1/1/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1100

Reg. Dist. No. XX 336

1. PLACE OF DEATH:

County: Wicomico

City or town: Delmar, Md R 702

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Delmar Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R F D 2

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: William Horsman

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Louise Anna Horsman

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): April 27 1869

8. AGE: Years: 70 Months: 9 Days: 6 If less than one day: ____ hrs. ____ min.

9. Birthplace: Silsbee Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER 12. Name: Jesse Horsman

FATHER 13. Birthplace: Md.

MOTHER 14. Maiden name: ?

MOTHER 15. Birthplace: ?

16. Informant: Mrs Wm Horsman

Address: Delmar, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-2-40 (month) (day) (year)

Cemetery or ~~Crematory~~: M E Cemetery

Location: Dulaney Delaware

18. Funeral director: Hill & Marvil

Address: Delmar, Del.

19. Feb 2. 1940 (Date rec'd by registrar) Harry E Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-30 1940, at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to Jan 30 1940, and that I last saw h~~im~~ alive on Jan 30 1940.

Immediate cause of death: Acute Cardiac failure — DURATION: 12 hours

Due to: Myocarditis — 2 yrs

Due to: ____

Other conditions: ____

(Include pregnancy within 3 months of death)

Major findings:

Dt operations: ____

Dt autopsy: ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: J F Tyndall M. D. or other

Address: Delmar Del. Date signed: ____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

CEIVED
FEB 5 1940
BUREAU V. S.

(Dr Insley)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

1101

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: John B. Parsons Home
Stay in hospital or inst. (yrs., or mos., or days) 1 year 11 month
Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. John B. Parsons Home
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ellen Hunt

3. (b) Social Security Number None

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William M. Hunt
6(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): July 17. 1863

8. AGE: Years 76 | Months 6 | Days 13 | If less than one day ___ hrs. ___ min.

9. Birthplace: Surrey England (Town, county, and state)
10. Usual occupation: retired
11. Industry or business: House wife

FATHER
12. Name: John Studwick
13. Birthplace: England

MOTHER
14. Maiden name: Mary A. Williams
15. Birthplace: England

16. Informant: Mrs Lonia Shockley
Address: % John B. Parsons Home

17. Burial (Burial, cremation, or removal. Which?) Salisbury Md. Date thereof (month) Feb. 1. 40 (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Md

18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Maryland.

19. 2/1 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30th 1940 (at 1a M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-29 1940, to 1-30 1940, and that I last saw her alive on 1-29- 1940.

Immediate cause of death: Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. A. Insley M. D. or other
Address Salisbury Md Date signed Feb 1, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

(I)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1102

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Hospital

Stay in hospital or inst. (yrs., or mos., or days) 23 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke - R.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Raymond Justis.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Virginia Middleton Justis

6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
87			hrs. min.

9. Birthplace Accomac Co. Va.

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name William Julia

13. Birthplace Accomac Co. Va.

MOTHER 14. Maiden name Eliza Killmon

15. Birthplace Accomac Co. Va.

16. Informant James K. Crawson

Address Parksley, Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 Jan. 5-40 (month) (day) (year)

Cemetery or crematory Liberty Cemetery

Location Parksley Va

18. Funeral director James H. Crawson

Address Parksley Va

19. 1/3 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3- 1940, at 8:46 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-11- 1939, to 1-3- 1940, and that I last saw h alive on 1-3- 1940.

Immediate cause of death	DURATION
Chr. myocarditis	1 mo
Enterolaparotomie	1 day
Due to	
Due to	
Other conditions Fractured Femur, due to accidental fall; fell out steps.	

(Include pregnancy within 3 months of death) S.W.S.R.

Major findings:

Of operations 40

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Yes Accident Date of 12/1/39

Where did injury occur? Home (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home in her home.

Means of injury Accidental fall. Injured at work?

23. SIGNATURE R. M. Hitch M. D. or other

Address Salisbury Md Date signed 1/3/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

CERTIFICATE OF DEATH

1103

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days): 21 days

Stay in this community (yrs., or mos., or days): 19 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1305 N. Division

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Lillie May King

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Charles E. King

6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): July 11, 1876.

8. AGE:

Years	Months	Days	If less than one day
63	6	20	____ hrs. ____ min.

9. Birthplace: Sussex Co. Del.

(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business: ✓

FATHER

12. Name: Joseph B. Test

13. Birthplace: Sussex Co. Delaware

MOTHER

14. Maiden name: Catherine D. Steel

15. Birthplace: Sussex Co., Delaware

16. Informant: C. E. King

Address: 1305 N. Division St., Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 4, 1940. (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: Ide Hill & Johnson Co.

Address: Salisbury, Md.

19. 2/3/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 31 1940, at 6.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 January 1940 to 31 Jan. 1940, and that I last saw her alive on 31 Jan. 1940.

Immediate cause of death	DURATION
Pneumonia, lobar	9 days
Due to Pneumococcus Type III	
Due to	
Other conditions Cholecystitis & Cholelithiasis with chronic hepatitis	4 mo.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Cholelithiasis: Cholecystitis & chronic hepatitis

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. E. Kitts, M.D. M. D. or other

Address: Salisbury, Md. Date signed 2-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

1104

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS (M)

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 106 East William

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 52 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 106 E. William
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Elizabeth P. Lankford

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Albert W. Lankford

6 (c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Dec. 17, 1857.

8. AGE: Years: 82 Months: — Days: 21 If less than one day: ___ hrs. ___ min.

9. Birthplace: Worcester Co., Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: ✓

FATHER
12. Name: Harvey Vincent
13. Birthplace: Somerset Co., Md.

MOTHER
14. Maiden name: Caroline E. Pollitt
15. Birthplace: Somerset Co., Md.

16. Informant: Alma E. Lankford,
Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 10, 1940. (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Md.

19. 1/10, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 8, 1940, at 9.15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939, to Jan 8 1940, and that I last saw her alive on Jan 7 1940.

Immediate cause of death: Valvular Heart Disease — DURATION: Unknown

Due to: Hypertension — Unknown

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Hiram R Mann M. D. or other

Address: Salisbury Md Date signed: 1/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (926)

CERTIFICATE OF DEATH

1105

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 311 E Church St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Bessie Leonard

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a. a.	Single

6 (b) Name of husband or wife no

6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Sept 13 1883

8. AGE: Years	Months	Days	If less than one day
56	4	10	____hrs. ____min.

9. Birthplace Salisbury md
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business no

FATHER 12. Name Charles Leonard

13. Birthplace Salisbury md

MOTHER 14. Maiden name Annie J. Leonard

15. Birthplace Salisbury Md

16. Informant Mrs. Annie J. Leonard
Address 311 E Church St Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 26 1940 (month) (day) (year)

Cemetery or crematory Hasaton

Location Salisbury Md

18. Funeral director James H. Stewart

Address Salisbury Md

19. 1/26, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Bessie Leonard 1-23-40, 19____, at 6 A M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Jan 16 1940 to Jan 23 1940, and that I last saw h__ alive on Jan 23 1940.

Immediate cause of death	DURATION
Organic Mitral Heart disease	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. D. Brown M.D.
M. D. or other
Address Salisbury, Md. Date signed 1-30/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

1106

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF (M)

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 202 Lincoln ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 202 Lincoln ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph B. Leonard

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Gertrude P. Leonard

6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Oct. 15 - 1865

8. AGE: Years 74 Months 3 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace Wico County near Salisbury Md (Town, county, and state)

10. Usual occupation retired Farmer

11. Industry or business Own Farm

FATHER 12. Name George W. Leonard of B.

13. Birthplace Wico County Md.

MOTHER 14. Maiden name Mary Jane Williams

15. Birthplace Wico County Md.

16. Informant Emory L. Leonard

Address Lincoln ave. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 2 - 40 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Maryland

18. Funeral director Hollowayolo Walter R. Hollowa

Address Salisbury Maryland.

19. 2/2, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31st 1940, at (10a M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 17 1940, to Jan 31 1940 and that I last saw him alive on June 28 1940

Immediate cause of death coronary thrombosis

DURATION Weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE [illegible] M.D. M. D. or other

Address Salisbury, Md. Date signed Feb 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

1107

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Parsonsburg (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 7 yrs. 6 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Parsonsburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓ (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: John Herman Lutes

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Myra M. Lutes

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): July 15, 1879.

8. AGE: Years: 60 Months: 6 Days: 3 If less than one day: ___ hrs. ___ min.

9. Birthplace: Rochester, New York (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: ✓

FATHER
12. Name: William Lutes
13. Birthplace: Rochester, New York

MOTHER
14. Maiden name: Angeline Higgins
15. Birthplace: Canada

16. Informant: Mrs. John H. Lutes,

Address: Parsonsburg, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan. 21, 1940 (month) (day) (year)

Cemetery or crematory: Methodist

Location: Parsonsburg, Md.

18. Funeral director: The Hill & Johnson Co.,

Address: Salisbury, Md.

19. 1/21, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 18, 1940, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1939, to Jan 18 1940, and that I last saw him alive on Jan 18 1940.

	DURATION
Immediate cause of death: Lobar Pneumonia	48 hours
Due to: Cardiac Renal Disease	2 years
Due to:	
Other conditions: Diabetes	12 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Charles R. Brown M. D. or other

Address: Salisbury Md. Date signed: 1/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

1108

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 15 days

Stay in this community (yrs., or mos., or days) 61 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Rural Near Siloam Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Salisbury Route No. I

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME William P. Malone

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Adel Willman

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1878

8. AGE:

Years	Months	Days	If less than one day
61	2	3	— hrs. — min.

9. Birthplace Near Siloam, Wicomico, Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER

12. Name William Malone

13. Birthplace Near Siloam

MOTHER

14. Maiden name Elizabeth Abbott

15. Birthplace Near Siloam

16. Informant Robert Malone

Address Salisbury, Md. Route No. I

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 16 1940 (month) (day) (year)

Cemetery or crematory Mt. E. Church Yd.

Location Siloam, Md.

18. Funeral director The Hill and Johnson Co.

Address East Main St. at Davis

19. 1/16 (Date rec'd by registrar) 19 40 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14, 1940, at 6.05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 2 1940 to Jan. 14 1940, and that I last saw h- alive on 14 Jan. 1940.

Immediate cause of death	DURATION
Cerebral embolus	2 days
Due to	
Due to	
Other conditions Coronary Thrombosis	2 wks

(Include pregnancy within 3 months of death)

Major findings:

Of operations no operation

Of autopsy none

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE [signature] M.D. M. D. or other

Address Salisbury, Md Date signed 1-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

1109

Reg. Dist. No. 335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15-1

1. PLACE OF DEATH:
County Wicomico
City or town Mardela R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 9 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura D. Micklethwaite

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	Married

6 (b) Name of husband or wife Walter J. Micklethwaite
6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Nov 8 — 1874

8. AGE: Years	Months	Days	If less than one day
65	2	15	hrs. min.

9. Birthplace Md
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Lloyd Durst
13. Birthplace Md.

MOTHER
14. Maiden name Rebecca Michael
15. Birthplace Pa.

16. Informant Walter J. Micklethwaite
Address Mardela R.D.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Jan 26, 40 (month) (day) (year)
Cemetery or crematory Riverton
Location
18. Funeral director Traverse Bros
Address Sharptown Md

19. Jan 26 1940 (Date rec'd by registrar) Mary R. Banks Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940, at 8P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 22 1940, to Jan 23 1940, and that I last saw her alive on Jan 23 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION

Due to — DURATION

Due to — DURATION

Other conditions — DURATION

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. J. Kuhlman M. D.
Address Date signed

RECEIVED
FEB 6 1968
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1062)

CERTIFICATE OF DEATH

Reg. Dist. No. 1110 / 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Mardela
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: R.D. #
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Mardela Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.D. #1.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Sylvester Maxwell Miller
3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Mrs. Emma Miller
(c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): March 16. 1867
8. AGE: Years: 72 Months: 9 Days: 16 If less than one day: hrs. min.
9. Birthplace: Washington Co. Pa.
(Town, county, and state)
10. Usual occupation: Painter
11. Industry or business: Hoyne Painting
FATHER 12. Name: John L. Miller
13. Birthplace: Ohio
MOTHER 14. Maiden name: Harriett Sipe
15. Birthplace: Butler Pa.
16. Informant: Mrs. Emma Miller
Address: R.D. #1. Mardela Md.
17. Buried (Burial, cremation, or removal? Which?) Date thereof: Jan. 4-1940 (month) (day) (year)
Cemetery or crematory: St. Johns Cem.
Location: Near Elliott City Md.
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.
19. 1/3/40 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 2nd 1940 (5.05 P.M.) (hour) (month) (day) (year)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1939, to Jan 2 1940, and that I last saw him alive on Jan 1 1940

	DURATION
Immediate cause of death: Pyelitis	2 days.
Due to: Prostatic Hypertrophy	?
Due to:	
Other conditions: Bronchiectasis	4 years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: H.S. Kuhlmann M.D. or other
Address: Sharptown Md. Date signed: 1/3/40

RECEIVED
JAN 18 1940
BUREAU V., S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

1111

Reg. Dist. No. 331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town ~~Salisbury~~ Hebron
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 25 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Hebron Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clara Mitchell

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: colored
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William Mitchell
6(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): unknown
8. AGE: Years 58 Months — Days — If less than one day ____ hrs. ____ min.
9. Birthplace: West P.O. Somerset Co. Md. (Town, county and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home
FATHER 12. Name: John Carter
FATHER 13. Birthplace: West Post Office, Md.
MOTHER 14. Maiden name: Margaret Brown
MOTHER 15. Birthplace: Princess Anne Md.
16. Informant: Wm Mitchell
Address: Hebron Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/18/40 (month) (day) (year)
Cemetery or crematory: St. Marys Cem.
Location: West Post Office, Md.
18. Funeral director: Mrs. C. E. Messick & Sons
Address: Hebron, Md.
19. Jan 18 1940 (Date rec'd by registrar) Mrs J. M. Walker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 14 1940, at 6 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1st 39 19 ____ to Jan. 14, 1940
and that I last saw her alive on Jan. 13, 1940

	DURATION
Immediate cause of death: Diabetes	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William Emrich M. D. or other
Address Hebron Md. Date signed Jan 14

RECEIVED
FEB 6 1940
BUREAU V. S.

1112

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: John B. Parsons Home for the Aged

Stay in hospital or inst. (yrs., or mos., or days): 10 yrs. 6 mo's 2 days

Stay in this community (yrs., or mos., or days): 83 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: ~~Wicomico~~ Kent

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. John B. Parsons Home Mr. Chestertown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Angelina M. Mutchler

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Marshall Mutchler

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Feb. 27, 1856

8. AGE: Years: 83 Months: 10 Days: 19 If less than one day: — hrs. — min.

9. Birthplace: Greensboro, Queen Annie, Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: —

FATHER
12. Name: John P. Manlove
13. Birthplace: Dover, Delaware

MOTHER
14. Maiden name: Amanda Hardcastle
15. Birthplace: Caroline County, Maryland

16. Informant: Supt. John B. Parsons Home
Address: Lemon Hill, Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 18, 1940 (month) (day) (year)

Cemetery or crematory: Greensboro Cem.

Location: Greensboro, Maryland

18. Funeral director: The Hill and Johnson Co.
Address: East Main St. at Davis, Salisbury Md.

19. 1/17 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 16, 1940, at 4:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-16 1939, to 1-16 1940, and that I last saw her alive on 12-28-40 19

Immediate cause of death: Cerebral hemorrhage

Due to: Hypertension

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D. or other

Address: Salisbury, Md. Date signed 1-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (T)

RECEIVED
FEB 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(S)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

1113

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Nanticoke Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nutter

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Still born

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-24-40

8. AGE: Years: Still Born. Months: Days: If less than one day hrs. min.

9. Birthplace Salisbury Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Charlie Nutter
13. Birthplace Nanticoke Md

MOTHER
14. Maiden name Mary Gordy
15. Birthplace Delmar Md

16. Informant Charlie Nutter

Address Nanticoke Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-26-40 (month) (day) (year)

Cemetery or crematory Nanticoke

Location Nanticoke, Md

18. Funeral director Charlie Nutter

Address Nanticoke

19. 1/25, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19

Immediate cause of death: Still born

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Philip A. Jackson Md
M. D. or other

Address Salisbury, Md Date signed 1-24-40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

1114

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 107 Bathell St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Alice Parsons

3. (b) Social Security Number no

4. Sex: female

5. Color or race: a a

6. (a) Single, married, widowed, or divorced: widows

(b) Name of husband or wife: Rufus Parsons

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): Jan 1 1868

8. AGE: Years: about 72 Months: 1 Days: 7 If less than one day: hrs. min.

9. Birthplace: Salisbury Md (Town, county, and state)

10. Usual occupation: Housekeeping

11. Industry or business: no

FATHER

12. Name: Daniel Hunt

13. Birthplace: Salisbury Md

MOTHER

14. Maiden name: Charlotte Brown

15. Birthplace: Salisbury Md

16. Informant: Mrs Annie Wilson

Address: Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 10-1940 (month) (day) (year)

Cemetery or crematory: Haunton

Location: Salisbury Md

18. Funeral director: James H Stewart

Address: Salisbury Md

19. 1/10, 1940 (Date rec'd by registrar) Gabriel E Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 January 1940, at M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Dec. 27 1939, to Jan. 7 1940, and that I last saw h es alive on Dec 27 1939.

Immediate cause of death: Chronic myocarditis — DURATION: several months

Due to: Arteriosclerotic cardio-vascular disease — DURATION: unknown

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE A W Kees, M.D. M. D. or other

Address Salisbury, Md Date signed 1-8-40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

1115

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
County: Wicomico Co.
City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: E. Locust
Stay in hospital or insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Wicomico Co.
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: E. Locust
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Amanda B. Parsons
3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: James H. Parsons
6(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): March 28-1870
8. AGE: Years: 69 Months: 10 Days: 1 If less than one day: hrs. min.
9. Birthplace: Georgetown Del. (Town, county, and state)
10. Usual occupation: Home duty
11. Industry or business: at Home
FATHER 12. Name: No record. (Bailey)
FATHER 13. Birthplace: Del.
MOTHER 14. Maiden name: No Record
MOTHER 15. Birthplace: Del.
16. Informant: Frank R. Parsons
Address: S. Division St. Salisbury
17. Burial, cremation, or removal. Which?: Burial Date thereof: Jan. 31-40 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Md.
18. Funeral director: Hollowell & Walter R. Hollowell
Address: Salisbury Md.
19. 1/31/40 Harriet E. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 29 1940 (12 Noon), at
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 9 1939 to June 21 1940, and that I last saw h[illegible] alive on June 28 1940.

Immediate cause of death: Cerebral hemorrhage — DURATION: 3 days
Due to: Chronic myocarditis — 2 yrs.
Due to: arteriosclerosis — 2 yrs.
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Md

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Time of injury: Injured at work?

23. SIGNATURE: J. Parsons M.D.
M. D. or other
Address: Salisbury Date signed: June 30

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-D)

CERTIFICATE OF DEATH

Reg. Dist. No. 333 — 1116

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1014 E. Church
Stay in hospital or inst. (yrs., or mos., or days): ✓
Stay in this community (yrs., or mos., or days): 77 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1014 E. Church
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Nina Jane Parker

3. (b) Social Security Number: ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Clayton C. Parker
6(c) If alive, give age: ✓ years
7. Birth date of deceased (mo., day, yr.): Feb 25, 1848.
8. AGE: Years: 91 Months: 11 Days: 4 If less than one day: ____ hrs. ____ min.
9. Birthplace: Pusseyburg, Wicomico, Md. (Town, county, and state)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: Joseph Leonard
13. Birthplace: Wicomico Co., Md.
MOTHER 14. Maiden name: Eliza White
15. Birthplace: Wicomico Co. Md.
16. Informant: Elisha P. Parker
Address: Salisbury, Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof Jan. 31, 1940. (month) (day) (year)
Cemetery or crematory: Parsons
Location: Salisbury, Md.
18. Funeral director: The Tilghman Johnson Co.
Address: Salisbury, Md.
19. 1/31, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 29, 1940, at 11:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1925, to Jan 29 1940
and that I last saw her alive on Jan 28 1940

Immediate cause of death	DURATION
(a) Cerebral Hemorrhage	10 days
(b) Valvular Heart Disease	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Hiram R Mann M. D. or other
Address: Salisbury Md Date signed: Jan 30-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

1117

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Salisbury General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 7 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Second (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James A. Pusey

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced widower

6 (b) Name of husband or wife Mary P. Pusey

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1857

8. AGE: Years 82 Months 10 Days 5 If less than one day hrs. min.

9. Birthplace Worcester County, Md (Town, county, and state)

10. Usual occupation Retired Fireman

11. Industry or business

FATHER 12. Name James Pusey

13. Birthplace Md

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Mrs. Marion Taylor

Address Pocomoke City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 28, 1940 (month) (day) (year)

Cemetery or crematory M. E. Cemetery

Location Pocomoke City, Md

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md

19. 1/27, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1940, at 12.25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/15 1940, to 1/26 1940, and that I last saw him alive on 1/26 1940

Immediate cause of death Bardeen's Inflammation — DURATION unk

Due to Chr. Myocarditis — unk

Due to

Other conditions Fractured Left Hip. (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 1/10/40

Where did injury occur? Pocomoke (City or town) Md (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fell out stairs Injured at work? No

23. SIGNATURE R. M. Nash M. D. or other

Address Salisbury Date signed 1/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1118

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Chester H. Robertson If U. S. Veteran, specify WAR

(a) Residence: No. Salisbury, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Robertson

6. DATE OF BIRTH (month, day, and year) Jan 21 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Clara Md

FATHER

13. NAME James Robertson

14. BIRTHPLACE (city or town) (State or country) Clara, Md

MOTHER

15. MAIDEN NAME Mary A Robertson

16. BIRTHPLACE (city or town) (State or country) Clara, Md

17. INFORMANT (Address) Hobert Hughes Salisbury Md.

18. BURIAL, CREMATION, OR REMOVAL St Mary's Cem. Piece Burial Tyaskin Md. Date Jan 12, 1940

19. UNDERTAKER (Address) Mrs C E Messick & Sons Bivalve, Md.

20. FILED 1/12, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8 Jan. 1940, to 10 Jan. 1940

I last saw him alive on 10 Jan 1940; death is said to have occurred on the date stated above, at 12 21 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-10-40

Other Contributory Causes of importance: Arteriosclerosis unknown

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A W Kiss M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 6 1930 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-0)

CERTIFICATE OF DEATH

1119

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 116 W. Locust
Stay in hospital or inst. (yrs., or mos., or days): V
Stay in this community (yrs., or mos., or days): 75 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 116 W. Locust
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: V

3. (a) FULL NAME: Mary Rose Shields

3. (b) Social Security Number: V

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: James T. Shields
6(c) If alive, give age: V years
7. Birth date of deceased (mo., day, yr.): April VV, 186V.
8. AGE: Years: 77 Months: 8 Days: VV If less than one day: hrs. min.
9. Birthplace: Kankakee, Kankakee, Ill. (Town, county, and state)
10. Usual occupation: Dead V
11. Industry or business:
FATHER 12. Name: Peter Adams
13. Birthplace: Ireland
MOTHER 14. Maiden name: Margaret O'Brien
15. Birthplace: Ireland
16. Informant: Alex. L. McCarthy,
Address: Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/16/40 (month) (day) (year)
Cemetery or crematory: Parsons
Location: Salisbury, Md.
18. Funeral director: The Wells Johnson Co.
Address: Salisbury, Md.
19. 1/16 1940 (Date rec'd by registrar) Harriet E. Johnson (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 14, 1940, at 5:35 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-10 1939, to 1-14 1940, and that I last saw her alive on 1-14 1940.

Immediate cause of death: Cardio-vascular-renal disease — DURATION
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Phil. A. Insley M.D.
M. D. or Other
Address: Salisbury, Md. Date signed 1-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 26 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

1120

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Parsonsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Parsonsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Agnes Malone Smith

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William C. Smith

6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): July 28, 1890.

8. AGE: Years: 49 Months: 6 Days: 3 If less than one day: ___ hrs. ___ min.

9. Birthplace: Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business: ✓

FATHER
12. Name: George Malone
13. Birthplace: Wicomico Co. Md.

MOTHER
14. Maiden name: Vienna Evans
15. Birthplace: Wicomico Co. Md.

16. Informant: William C. Smith,
Address: Parsonsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 2, 1940. (month) (day) (year)

Cemetery or crematory: M. E. Church

Location: Parsonsburg, Md.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. Feb. 2, 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 31, 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1st 1939, to Jan 31 1940, and that I last saw her alive on Jan. 31 1940.

Immediate cause of death: Paralysis
Cerebral hemorrhage. C.V.G.R.
Duration: five days.

Due to: Hypertension

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: Jan 27 1940 2 yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Charles F. Brown M.D.
M. D. or other

Address: Salisbury Md. Date signed: 2/2/40

RECEIVED
FEB 7 1940
BUREAU V. S.

(Dr Mann)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

1121

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Wicomico
City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 408 E. Isabella
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 408 E. Isabella
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Thomas

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Lula Howett Thomas
6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) April 1. 1864

8. AGE: Years 75 | Months 9 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace Fairmont Md. (Town, county, and state)

10. Usual occupation Oyster man

11. Industry or business Chesapeake Bay.

FATHER 12. Name John Thomas
FATHER 13. Birthplace Fairmont Md.

MOTHER 14. Maiden name Hester (unknown)
MOTHER 15. Birthplace Near Fairmont Md.

16. Informant Mrs. A. B. McKelvey
Address 408 E. Isabella st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 31-40 (month) (day) (year)
Cemetery or crematory Asbury Ridge Mem. Park
Location Pittsfield Maryland

18. Funeral director Hollaway & Co. Walter R. Holloway
Address Salisbury Maryland.

19. 1/31/1940 (Date rec'd by registrar) Harriet Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1940 at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 1940 to Jan 29 1940 and that I last saw him alive on Jan 29 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	10 days
Due to Hypertension	Unknown
Due to	
Other conditions Valvular Heart Disease	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of 1-31-40
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thomas R Mann M. D. or other
Address Salisbury Md Date signed 1/30/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (115)

CERTIFICATE OF DEATH

1122

Reg. Dist. No. 337

1. PLACE OF DEATH:

County Washington, Wicomico

City or town Bivalve

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State N.Y. County Cayuga

City or town Aurelius Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Pratt Warwick

3. (b) Social Security Number 126-07-4579

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Cora D Warwick

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Sept 15 1848

8. AGE:

Years	Months	Days	If less than one day
71	2	30	hrs. min.

9. Birthplace Aurelius Cayuga County N.Y.
(Town, county, and state)

10. Usual occupation Commercial Salesman

11. Industry or business Fox canning Co

FATHER 12. Name Geo. Warwick

13. Birthplace N.Y. State

MOTHER 14. Maiden name Harriet Campbell

15. Birthplace N.Y. State

16. Informant Mrs Gertrude Langrall

Address Bivalve Md

17. Burial Date thereof Jan 17 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bivalve M.E. Cem

Location Bivalve Md

18. Funeral director Mrs C.B. Emrich & Sons

Address Bivalve, Md.

19. Jan. 15 1940 Rwoolford Waltie
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1st 1939 to Jan. 14th 1940 and that I last saw h[illegible] alive on Jan. 14th 1940

Immediate cause of death	DURATION
Pernicious Anemia	
Pleurisy	
Due to	
Due to	
Other conditions Chronic Bronchitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Emrich
M. D. or other

Address Hebron Md Date signed Jan 12 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

1123

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 411 Wales Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Baby Infant of Ernest West

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth data of deceased (mo., day, yr.) Jan 5, 1940

8. AGE: Years | Months | Days | If less than one day
Still Born hrs. min.

9. Birthplace Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Ernest West
FATHER 13. Birthplace Salisbury, Maryland

MOTHER 14. Maiden name Mariet Meek
MOTHER 15. Birthplace Odon, Indiana

16. Informant Ernest West
Address 411 Wales St. Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 6, 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Parsons Cemetery
Location Salisbury, Md.

18. Funeral director The Hill & Johnson Co.
Address East Main St. at Davis Salisbury, Md.

19. 1/6 (Date rec'd by registrar) 1940 Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5, 1940, at 6 o'clock P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from —, 19—, to —, 19—, and that I last saw h— alive on —, 19—.

Immediate cause of death	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Arthur [illegible] M. D.
M. D. or other
Address Salisbury, Md. Date signed Jan 6 1940

RECEIVED
FEB 6 1940
BUREAU V. S.